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ORIGINAL COMMUNICATIONS.

ART. I.—*Report on the Specific Nature and Communicability of Erysipelas, and its Connection with Puerperal Fever, read to the Cook Co. Medical Society.*
By N. S. DAVIS, M. D., and Prof. Pathology, Practice, and Clinical Medicine, in Rush Med. College.

THAT erysipelas is a disease, *sui generis*, that is possessing a specific character, very few will be inclined to doubt. The existence of constitutional disorder antecedent to the development of the local inflammation; the peculiarity of the pain; the tendency to spread, and well defined boundaries of the inflamed part; the little tendency to the effusion of plastic lymph, or the formation of healthy pus; all mark the erysipelatous disease as differing essentially from ordinary inflammation.

In what this difference consists, or on what it depends, is not so apparent. Some have supposed that the peculiar phenomena and results of erysipelas, depended merely on its seat in the cutaneous tissue. If this were true, however, every inflammation of the skin would be erysipelas, which is very far from being the fact.

Others have attributed the peculiarities of this disease wholly to the nature of the existing cause. That the exciting cause may be of such a nature as to determine both the development of inflammation and its specific erysipelatous character, is doubtless true; but that such is not generally the case, I think a little reflection will be sufficient to satisfy every one. For example, it is well

known that wounds, bruises, local irritants, exposures to cold, irritating ingesta, &c., are among the common exciting causes of erysipelas; and yet we see these same causes acting every day, even in such intensity as to develope local inflammations, but without imparting to them any of the specific phenomena of the disease under consideration. From the foregoing facts all our more careful observers regard it as necessary to the development of erysipelas, that there should be not only a manifest exciting cause, but a previously existing and peculiar condition of the fluids of the body.

With some persons this peculiar condition appears to be congenital, and they are said to be constitutionally predisposed to erysipelatous attacks; the disease sometimes returning at stated seasons, and in other cases frequently but at irregular intervals of time.

Although most observers regard a previously existing morbid condition of the system as necessary to enable ordinary exciting causes to develope erysipelas, yet few have attempted to define what that condition is.

It does not appear to be accompanied by such a change in any of the solids or fluids as can be detected or measured by chemical agencies. Much light, however, can be thrown on the nature of this condition by carefully comparing the causes that are known to lead to its development with the phenomena of the disease and its effects. With the exception of those remote periods of its epidemic prevalence, erysipelas is a disease very much confined to those who live habitually in filthy and ill-ventilated apartments, or who are addicted to intemperate habits. It is well known that the narrow and filthy alleys of our cities, and the crowded apartments of hospitals, jails, poor-houses, &c., furnish far the larger number of victims to this disease. In this respect, as well as in many of its active phenomena, the disease bears a close relation to typhus and malignant dysentery.

No fact is more susceptible of proof, than that the impure air of crowded apartments impairs the elementary property of tonicity in all the solids, and so changes the quality of the blood, that it does not maintain a due degree of nervous energy or a healthy state of nutrition. A state not identical but closely parallel, is produced by the excessive use of alcoholic beverages. While the first

effect of these liquors is exhilarating to the nervous system, they very decidedly diminish the organic actions, and thereby allow carbon to accumulate until it impairs the quality of the blood and the tonicity of the solids to a degree but little less than that induced by the impure and contaminated air of crowded jails, &c. If we connect with these circumstances the essentially typhoid tendency of the fever accompanying severe erysipelas, and the imperfect character of the suppuration which sometimes results, (the latter being more like a dissolution of the cellular tissue than a proper process of suppuration), we shall see clearly that the essential pre-existing condition, to which authors allude, as necessary to the development of erysipelatous inflammation, is one of impaired tonicity in the solids, and of diminished healthy stimulating qualities in the fluids. The degree of change thus previously induced will determine the degree of malignancy or typhoid character of the disease. If tonicity be but little impaired and the immediate exciting cause one calculated to develope a disease of excitement, the constitutional symptoms accompanying the erysipelas will be sthenic, or more purely inflammatory in their character. Such is frequently the case in sporadic cases occurring in country districts, while the opposite is almost always found in crowded cities and public institutions. While all seem to admit the frequent spontaneous origin of erysipelas, and its occasional prevalence as an epidemic depending on some atmospheric or unknown cause, much diversity of opinion prevails in regard to the question whether it is, under any circumstances, contagious or communicable from one individual to another. On this point we find the same variety of conflicting views and apparently contradictory facts, as exists in reference to the contagiousness of yellow fever, dysentery, cholera, &c. On the one hand, cases are detailed with much circumspection in which it would seem that the disease had an unmistakable origin from contact with those previously affected with it. Thus the introduction of a severe case of erysipelas into the wards of a hospital has been speedily followed by other cases among the inmates who were previously unaffected by it. So, too, individual members of a family have been known to be attacked successively with such a degree of regularity as to impress strongly the idea that they had taken it one from another. Such an in-

stance recently came under my own observation. On the other hand, we have repeatedly had cases of this disease in the large and well ventilated wards of the Illinois General Hospital, in the midst of beds containing patients laboring under a variety of other diseases, when neither they nor the attendants suffered the slightest symptoms of an attack. And in the family to which I just alluded, where three persons, (the mother and two daughters) were attacked in succession, they had all been exposed to the same general causes, and were all in the habit of sleeping in a chamber much too small and low to furnish a sufficient quantity of pure air for the number lodging in it. And it should be added that none of the neighbors or others, who visited them during their sickness, took the disease. So far as my own personal observations go, they fully coincide with the experience of Dr. Wood, as expressed in his recent valuable work on Practice, in which he states, that neither in hospital nor private practice has he seen any decided evidence of the communication of erysipelas by direct *contagion*.

In making this statement, I wish the members of the society to keep in mind the plain distinction between contagion and infection. The first I restrict entirely to a morbid agent or poison generated in the body of the sick, and capable of inducing the same disease by being introduced into the system of another person previously in good health. By *infection*, I mean such a morbid or impure state of the atmosphere in any given room or locality as will render healthy persons who come in contact with it, liable to attacks of whatever disease may be prevalent at the time; such morbid or infectious condition of the atmosphere not being produced by any specific poison generated in the body of the sick, but either by insufficient ventilation and cleanliness acting in connection with an accumulation of ordinary animal excretions, as is often seen on emigrant ships, in jails, hospitals, narrow and neglected alleys and cellars in cities, &c.; or by some inscrutable change giving rise to the epidemic prevalence of particular diseases. In this sense I have no doubt but erysipelas has often become highly *infectious*, especially in camps, jails, and other confined and filthy localities. The disease once begun in such a place is very liable to spread, and to attack healthy persons who may chance to come much within the infected locality. And not unfrequently persons only tempo-

rarily exposed will sicken after they have returned to a remote and perhaps healthy place. Yet any number of patients sick with the disease may be transferred to a dry, pure, and healthy region and the utmost freedom of contact will fail to propagate the disease. I think if all medical observers and writers would make the clear distinction, here stated, between *contagion* and *infection*, we should have an end of the long protracted controversy about the contagiousness of erysipelas, cholera, typhus fever, and other kindred affections.

Having dwelt thus long on the nature and communicability of erysipelas, my remarks on its connection with puerperal fever must be very brief.

At a comparatively early period in the history of our profession, it was observed that whenever erysipelas prevailed, either as an epidemic or in the crowded wards of a hospital, women in child-bed were much more liable than usual to attacks of puerperal fever, or uterine and peritoneal inflammation. And the coincidence has been noticed by all the more recent observers.

Several of those physicians who published accounts of the epidemic erysipelas that prevailed in many parts of our country in 1842-3-4, noticed in connection therewith the prevalence of puerperal fever at the same time and in the same localities. Some of the most eminent obstetrical practitioners in Europe have alleged a still closer relation between the two diseases, and have recorded cases seeming to show that a practitioner in attending on a case of severe erysipelas was likely, without great precautions, to communicate the disease, in the form of puerperal fever, to those patients whom he might attend in child-bed. Thus alleging not only a direct connection but a mutual communicability of the two diseases. In further proof of the same position we find many cases recorded in which the puerperal disease attacked the patients of a single practitioner with such regularity as to strongly impress the idea that the cause of the disease was communicated from one to another by the practitioner himself. Indeed, so pertinaciously has it been known to adhere to the pathway of a single practitioner, that no amount of precaution in regard to cleanliness, change of clothing, &c., would apparently prevent his communicating it to others, and in one instance, at least, it is said that after the unfortunate prac-

titioner had retired wholly from his patients for several weeks, the first woman he attended in confinement after his return was attacked with the uterine and peritoneal inflammation. These facts, however, as has been well remarked by another, prove too much. And instead of sustaining the doctrine of contagion or direct communicability, they would go far to satisfy us that there were other and coincident causes at work at the same time. For surely that must be a remarkably tenacious poison that would adhere to the fingers of a practitioner through three or four weeks of daily ablutions, changes of air, clothing, &c., in a degree of activity sufficient to develop a virulent disease in the first puerperal case with which he comes in contact. In my own experience of fifteen years both in city and country practice, I have been so fortunate as to see no cases of even seemingly communicated cases of either erysipelas or puerperal fever. And, after a somewhat careful search, I have found no such cases on record except those that occurred at the time and place, when one disease or the other was prevailing as an epidemic.

This is a fact which does not appear to have been kept sufficiently in mind, while discussing this subject.

We can very readily conceive how the same circumstances, and the same conditions of the system, that have been already described as favorable and necessary to the development of erysipelas, should likewise readily give rise to uterine and peritoneal disease during child-bed; and thereby give the two diseases a coincident prevalence without any direct or even indirect communication. Still I would by no means excuse the practitioner from using the utmost precautions against bringing erysipelatous cases in contact, even in the most indirect manner, with his puerperal cases. The most urgent calls on my time and attention have prevented me from giving you at this meeting anything beyond this hasty glance at the topics on which I was required to report.

CHICAGO, August 31, 1852.

ART. II *Fevers in Marquette County, Wis.* By IRA MANLEY, Jr., M.D.

SIX years since, this county had scarcely been trodden except by the aborigines; and three years ago, when I came to the State, very little could be learned respecting the diseases of the county.

from practitioners who had been here previously. At this time there is no physician within ten miles who has been here as long as myself, therefore I trust due allowance will be made for a limited experience.

It may not be amiss to state that a residence of one year in the Holland Colony, Mich., had given me an opportunity to observe the peculiar characteristics of miasmatic fevers.

There a colony of five thousand Hollanders were being acclimated in a Michigan forest, with much marsh and swamp interspersed. Bilious disease in its most severe form, congestive and remittent fevers, dysentery, &c., prevailed to a most disheartening extent. I found that bleeding and cold effusion would relieve congestion, and large doses of quinine would prevent its return.

With such an initiation to the West I came to the rolling prairies and bracing climate of this county, in the spring of 1849, in search of a *healthier* location. So far from being a sickly season, there was an almost entire exemption from disease during the summer. The few cases which came under my notice inclined to a continued form. My remedies seemed to have but little effect; at least so far from proving abortive to the fever, I thought the patients would have been as well without the remedies. The cases were mild bilious remittent.

Early in the season of 1850 fevers began to appear of a very grave character. I will give the outlines of one of the first cases:

In conjunction with my friend, Dr. Walker, I attended M., set. 28, who had just returned from Oshkosh, where he had what was termed typhus fever. After recovery he relapsed, in which condition he was sent home. I found him with dull expression of countenance, some cough, dullness over right lung, mucous rale, fever remittent. Treatment—alterative, expectorant; quinine in remission of fever; blisters externally. Patient died.

Autopsy—Both lungs extensively adherent; adhesions new at apex of right lung; right lung engorged. Spleen considerably increased in size, with an open abscess in one edge. Greater omentum occupying a very small compass above the transverse colon. No tenderness or tendency to tympanitis at this point during life.

About this time I heard of a number of fatal cases, in another

part of the county, of what was called typhoid fever, in which I was sure quinine was largely used.

Case 2. M. J. G., about the age of first patient; habit spare. Complains of pain in the back and general uneasiness. Tongue lightly covered with white fur. Ordered a mild cathartic. After two days summoned again. Pain in the back has returned. J. says he cannot breathe. Pulse remarkably full and cored. Physical signs in lungs perfectly healthy. Tongue dry in centre, edges turned up. Bled patient; gave a large Dover's powder; bowels to be moved; bicarb. soda and nit. potas. combined in solution to be given every four hours. Left three powders of quinine grs. viij each, to be given when patient gets cool.

After taking two of the latter he sent for me. The congestion had returned more violently than before. Pulse as before. Applied cloths wrung from hot water; gave a diaphoretic powder, and finally, the symptoms appeared so urgent, I bled again, which relieved him.

Left a powder of 10 grs. quinine, with directions as before. It was given in the night, soon after which I was hurried to his bedside again. I had already exceeded ordinary rules in venesection —my patient seemed in danger of immediate suffocation—I was almost at my wits' end. The pulse retained the same intensely cored feel. To be brief, I bled the third time! gave as many as 10 grs. of ipecacuan., applied the hot cloths vigorously. This treatment relieved the patient.

At each threatened return of the congestion, the large diaphoretic powder with the external applications and the continued use of the solution were the means which apparently saved the patient. The pulse remained full, and the patient recovered without any further exhibition of tonic or stimulant medicine. The fever continued about fifteen days before rapid recovery commenced.

I used but little quinine during the remainder of the season, except in two or three cases of persons who had contracted the disease in the timbered land towards Milwaukee.

I have never seen a case of ague here not imported from a distance.

You will imagine it was not without a severe mental struggle that I gave up my strong confidence in the abortive method of

treating disease, having the prejudice in common with others in the country, that an eastern education does not fit a medical man to combat western diseases. The writers of articles in your journal, which at that time I had the privilege of reading, were residents of districts where miasma greatly influences the development of disease. If I called a counsel the first question would be, Have you prescribed quinine? Such being the case, I left the abortive treatment with trembling, and not till I was forced to do so by repeated experiment. I was so fortunate as to lose no case but the first one reported during the season.

There are but few cases where venesection may not be dispensed with, but I never have had occasion to regret the use of the lancet. I find the use of water, cold or hot, generally obviates its necessity.

In the part of my ride in the vicinity of Fox river there are extensive marshes, but I do not observe any difference in the amount or character of disease in this neighborhood. The river is ten miles north-west. Sixteen miles south-east on the head waters of Rock river, at Waupun, three very intelligent physicians reside. The country is level and much of it heavily timbered. They inform me that they use more than an ounce of quinine a week, yet fevers with them are assuming a decidedly continued form, very few cases being shortened by the abortive method. I need not particularize the details of my treatment. I have prescribed but little calomel, but have used alkalies freely,—commonly bicarb. soda and nit. potas., combined in solution,—a practice pointed out to me when a student by my preceptor, and found described in *Braithwaite's Retrospect*. I confess the rationale is made much more comprehensible to me by Prof. Herrick's explanation of the physiology of the liver, (New Series, Vol. 1, No. 1, p. 40, *N. W. Med. and Surg. Journal*.)

My treatment is what will be termed antiphlogistic. Some cases receive but a single prescription, but the most of them continue under treatment from six to fourteen days.

Condie's principles, in note to Watson's continued fever, have been my guide in the bilious remittent fever here. Very likely seasons will occur in which I shall have to use quinine.

I claim no originality, nor do I write with the view of making rules for others, but I would wish most earnestly to impress on

young gentlemen the sentiment our teachers so much dwell upon, viz.: Let every man *think* and judge for himself, and whether a northern or southern man, remember that a difference in distance of but few miles may make a very material pathological difference.

There has been frequent reference in this part of the country to a typhoid fever, but I have never seen such a condition except in cases which were improperly managed. My observations have been confined to the southern part of Marquette county, a part of Fond du Lac, and the northern parts of Dodge and Columbia counties.

ART. III.—*Case of Spontaneous Evolution.* By F. K. BAILEY, M.D.

ON the 20th January, 1843, I was called to visit Mrs. D —, aged about 40, and the mother of several children. Found that she had been in labor several hours, and had deferred sending for medical aid, "in hopes to get along without." On examination, found that the left hand and arm had passed so low, that the shoulder could easily be felt. The os uteri was dilated to a considerable extent, and each contraction pressed so hard as to push the hand almost without the os externum.

The whole extremity was so swollen as to fill the vagina, rendering it impossible to pass my hand into the uterus, in order to bring down the feet.

The woman was considerably exhausted, and very much agitated withal. I immediately gave her a full dose of opium, and during each pain pressed as hard as was practicable against the arm. Proceeding in this manner during a dozen or more pains, the shoulder began to recede a little, carrying the arm higher up in the vagina. Encouraged by such appearances, I persevered for nearly half an hour more, when to my joy the arm and hand suddenly went beyond reach. In a short time the feet presented, and the labor was soon finished. The child appeared as though it had been dead some time; it was full grown, weighing over seven pounds.

Cases like the above are rare, this being the only one that has occurred in this region to my knowledge. The rationale of the result in this case may be stated as follows: Each pain tended to push the shoulder into the vagina; after it had advanced to a

certain limit no further progress would be made; pressure upward upon the shoulder prevented any advancement, and the contraction of the fundus would push the feet down, and also give a rotary motion to the whole body. After the body of the child had turned to a certain extent, the presenting shoulder and arm would be drawn back into the womb. The action of the fundus was the same as that of one hand of the obstetrician pulling down the feet, while the other pushed upward against the presenting shoulder.

ALMONT, MICHIGAN, August, 1852.

ART. IV.—*A New Article for the Treatment of Tape Worm.* By ALFRED S. CASTLEMAN, M. D.

IN 1844, I was at the "taking of a bee tree," at which a delicate child, of some 10 or 12 years, ate freely of the honey comb, from which most of the honey had been pressed. Next day the child was purged, and sticking to the wax, which passed almost unchanged, were many pieces of tape worm varying from half an inch to 10 inches in length.

Since then, I have had opportunity of trying the honey in three cases, in which there was *no doubt* of the existence of the worm. In two of them it was entirely successful, in the third it failed; in each of them the patient was directed to eat at short intervals, for 24 hours, as much new honey in the comb as the stomach would comfortably bear (otherwise fasting). A cathartic was then administered, and the worm was ejected in short pieces but alive.

A *country* practitioner might pass a life time in business and not meet with cases enough of this kind to prove or disprove the claims of any article to the title of remedy, but where a thing so simple, so easily obtained, so harmless in action has proven successful in three of the only four cases in which it has been used, I feel that I am excusable in calling the profession to assist in ascertaining whether it has any claims to our confidence. I do not know that it is a remedy, nor do I recommend it as such; I barely state the facts which have come under my observation, and ask assistance in ascertaining whether they are worth preserving.

DELAFIELD, Wis., August 1852.

ART. V.—*Strictures upon the Popular Prejudices in regard to the Treatment of Measles.* By A. W. BENTON, M.D.

THE measles were quite prevalent in this community the past spring, assuming a mildly inflammatory type, and requiring but little medical treatment, with the exception of a few cases which were engrafted on unsound lungs, or rendered dangerous by exposure or injudicious treatment.

I never before so fully appreciated the strong and peremptory language of Dr. Dewees in proscribing "hot teas and stimulating drinks" in this disease. It seemed to be, with a few exceptions, the universal opinion of the people in this vicinity that the measles must be driven out with hot teas and whiskey punch. Accordingly they put it in practice, and if the patient grew worse it was a sure indication to them that the stimulants must be increased; "the measles must be driven out or the patient would die." It never occurred to their minds that it was the stimulants, and not the measles, that made them worse. In many cases a high grade of fever and a threatening pulmonary inflammation was excited, which the unaided powers of nature could scarcely overcome.

But what is most to be deplored is that some medical men have countenanced this treatment, and put it in practice, with the slight alteration of *brandy sling* for "whiskey punch;" whether from a conviction of its propriety, or a desire to gain popularity by pandering to the ignorance and superstition of the people, I cannot say.

I am more and more convinced every year, that the dignity of the medical profession can never be maintained as it should be, until a knowledge of the sciences, more immediately connected with the healing art, is more generally diffused among the common people. So long as ignorance of anatomy, physiology and therapeutics prevails, quackery will ride triumphant over skill and science.

STERLING, August 7, 1852.

ART. VI.—*Fracture of the Lower Jaw treated successfully.* By E. McARTHUR, M.D.

MAY 15th, I was called to see Peter Fox, a teamster, who had been run over by a loaded wagon. I found him with three ribs fractured, shoulder badly bruised, right ear and the nose crushed,

face and one side of the cheek partially *grained*, and a longitudinal fracture of the lower jaw extending from the anterior of the right cupid to the angle of the jaw on the same side—caused by one or both wheels passing over the mouth. The alveolar arch or process of the bone was separated from the body retaining only a partial connection at the angle. The integuments covering the alveolar process internally and externally, were somewhat bruised and lacerated.

I passed a silver wire between the two middle incisors, and carried it around between the two bicuspid of the fractured part of the jaw, and bringing together the ends twisted them one around the other, until I had got the full strength of the wire, thus holding the fractured portion firmly to the body of the bone.

In four weeks' time the wire was removed, the jaw having become firm and completely ossified.

The treatment for the fractured ribs and bruised shoulder was simply bandaging the body, the application of volatile liniment, cathartics, venesection, expectorants, &c.

I desire more particularly to call attention to the peculiarity of the fractured jaw, its simple treatment, and its complete restoration to a sound and healthy condition.



ART. VII.—*Case of Schirrus Lung.* By JUDSON BOWEN, M. D., of Pampas, Illinois.

Mr. L. W. W., aged 42, applied to me in April, 1850, complaining of a severe pain in his right side and shoulder, cough, dyspnoea, loss of appetite, &c. The previous history of the case, so far as I was able to learn, is briefly this:—About five years previous to the time he applied to me, a small tumor appeared on his chest, directly over the sternum, which continued slowly to increase in size until Feb., 1847, when it was taken out by Doct. Richards, of St. Charles. The wound healed and the patient appeared quite well, until a short time before he applied to me, at which time another tumor had appeared upon his side, over the middle of his right lung, about mid-way between the spine and sternum. Believing the case to be one of importance, I advised the patient to obtain the counsel of Dr. Hard, of Aurora, who

pronounced the tumor true schirrus, and advised its removal. It was removed in May following, and, with Dr. Hard's advice, the patient wa, placed under a tonic and expectorant treatment, consisting principally of iodine of iron, mineral acids, and balsam copaiva.

The patient's debility continued; with loss of appetite, great difficulty of breathing, and emaciation, until August 10th, f llowing, when he expired. A number of tumors of the same nature had appeared upon various parts of the body and limbs previous to his death. I had diagnosed from the first, as also had Dr. Hard, the principal cause of his lung difficulty to be malignant. Dr. Hopkins was present with myself at the post mortem, which from unavoidable circumstances was incomplete, the lungs only being hastily examined. Opposite the middle and posterior portion of the middle lobe of the right lung, was found an enormous deposit of schirrus matter, consisting principally of smaller tumors conglomerated together, and adhering to the lung and pleura; the lower lobe of the right lung was comparatively healthy: the middle and upper lobes considerably diseased. The left lung was healthy, excepting the upper lobe, which was found slightly tuberculous.

SELECTIONS.

From the London Lancet.

On the Structure, Function, and Diseases of the Liver; and on the Action of Cholagogue Medicines. By C. HANDFIELD JONES, M.D., F.R.S.

THE author first described the minute structure of the liver, which consisted essentially of a mass of nucleated cells or celloid particles, usually more perfectly formed than the cells either of the salivary or renal glands, presenting a distinct nucleus, with a nucleolar spot, an exterior envelope, and an included mass of soft, semi-solid, albuminous substance, which commonly contained a few oily molecules. In addition to these, in well-nourished livers, were numerous free nuclei, imbedded in albuminous blastema, which exhibited various stages of progress towards the mature or perfect cell. The oily contents of the cells were subject to great variation, both in the same individual and in different classes of animals;—the less perfect the type of the respiratory process, the greater the quantity of oily matter in the hepatic cells. The cells in their general mass constituted the hepatic parenchyma; this might be subdivided into smaller portions, called lobules, which were separated from each other more or less completely by fissures, the fissures themselves being continuous with canals that ramified throughout the parenchyma, and which, from containing the portal vein and its associated vessels, had been termed portal canals. In reference to the mode of distribution of the vessels, originally so well expounded by M. Kiernan, the author remarked that he decidedly agreed with Theile, who denied the existence of the vaginal branches and plexuses of the portal vein mentioned by M. Kiernan. The author quoted from a paper by Mr. Paget, who had described these vaginal plexus to be derived, not from the portal veins, but from the hepatic arteries, from which they were completely filled, when both arteries and veins were at the same time injected. The interlobular portal veins were therefore derived directly from the portal veins; and those which appeared to be vaginal branches of the portal vein were its internal roots, by which it received the blood which had served for the nutrition of the hepatic ducts and other vessels of the liver. After alluding to the mode of ramification of the hepatic artery, and the divisions of the hepatic ducts following the branches of the portal canal, the author referred to the relation which existed between the ultimate ducts and the cells constituting the parenchyma of the lobules. The prevalent opinion had been, that these cells were exactly homologous to the cells of the renal tubuli or salivary vesicles, like them growing on a free surface open to the exterior.

Hence some anatomists had believed that they had detected a basement membrane forming anastomosing tubes, constituting a true lobular biliary plexus. Others, unable to find a basement membrane, had described the ducts as continued into the parenchyma of the lobules, as channels without proper walls, mere intercellular passages. After referring to the researches and opinions of Weber, Muller, Professor Retzius, on the one side, and of Val Guillon, Gerlach, and Dr. Carpenter, on the other, the author stated that the views of Kolliker, who denied the existence of intercellular passages into the lobules, agreed very nearly with his, (the author's,) and conceded his main position, that the cavity of the ducts was quite shut off from the cells of the lobules or their inter-spaces. The structure of the ultimate ducts, which the author had first discovered, was peculiar, and seemed to indicate strongly that they exerted active functions, and that they were something more than mere afferent canals. The injection of the duct, in the livers of pigs, by the double method, using separately saturated watery solutions of bichromate of potass and acetate of lead, exhibited an abundant yellow precipitate in the fissures; but in very few parts did it penetrate the lobules, which must have happened if there existed a lobular biliary plexus of intercellular passages. The author conceived, therefore, that the hepatic ducts did something more than merely carry out already elaborated bile. The ultimate ducts were far too small, and too sparingly distributed, to be able to take up the bile from so vast a mass of cells as that which constituted the parenchyma. If the ducts did not extend beyond the margins of the lobules, of which the author had no doubt, then the bile must be transmitted from cell to cell; or there was a march of cells outwards from centre to the circumference; or else the bile, arriving at the margin of the lobules, was taken up by the ultimate ducts in some unknown way. The author thought such assumptions groundless and unnecessary; and that the pathological state of fatty liver, as well as the fatty liver occurring naturally in fishes, showed that the secretion of the parenchyma was not identical with that of the ducts, for the gall-bladder could hardly contain deep green bile, when the parenchyma was nought but a mass of oil. He concluded, then, that the parenchymal cells of the lobules did not merely secrete bile which was carried off unaltered by the ducts, but that the cells secreted biliary material, or some of its components, which were not fully elaborated or formed into perfect bile, except by the action of the ultimate ducts. Proof was then offered that the hepatic cells did not ordinarily contain bile, although it was commonly held they did. He believed that to be a diseased or exceptional condition, not found in the hepatic cells of slaughtered or healthy animals. Furthermore, a yellow tint in the cells was no proof of the presence of bile; it showed merely the presence of pigment, and yellow pigment is found in

the fat of some animals, quite independent of biliary secretion. Chemistry must be resorted to, to solve the question of the presence of bile in the hepatic cells. The author had made alcoholic extracts of the livers of different animals, and having evaporated to dryness, the residue, when dissolved in water, failed to show by Pettenkoffer's test, any reaction characteristic of the presence of the bile. The author, however, did not wish to express a positive opinion, but he thought that the received opinion had need of more direct evidence, before it could be regarded as proved. He then detailed the mode in which the morphological structure of the ultimate biliary duct fulfilled the function of the secretion. The chemical changes which the ultimate ducts effected, might be conceived according to the hypothesis of Lehmann; and a summary of our present knowledge might stand as follows: sugar, oil, and a yellow pigment were found in the parenchyma of the liver; bile is not found there, but in the ducts; it is inferred, then, that the ducts, through their ultimate extreme portions, *make* the bile. The author next proceeded to detail some experiments made relative to the action of cholagogue medicines, the results of which led him to believe that mercury, muriate of manganese, and colchicum, were the only ones which seemed to increase the production of yellow pigmentary matter in the cells of the liver. They also increased the production of glyco-cholite and tauro-cholite of soda; but it had to be determined whether the quantity of these principles was always proportionate to the yellow pigment. It was clear that the cholagogue action of a medicine, its emulgizing effects on the ducts, was distinct from that which it excited in the production of biliary pigment. One very important effect of the administration of mercury on the liver, was noticed to be congestion of this organ; an argument rather forbidding the use of the remedy in inflammation of the substance of the liver, a plan otherwise recommended by analogical experience. The author then proceeded to the subject of diseases of the liver; the microscopic appearances of fatty liver were detailed, and the question, what constituted true fatty degeneration of the liver, discussed. Was it a simple increase in the quantity of oil naturally existing in the hepatic cells, or was it a further and more important change? He believed the latter. In the liver of animals artificially fed on oily food, and subsequently examined, the cells, as well as the intercellular substance, were loaded with oil-molecules; the accumulation of oil was equal everywhere. But in the morbid state of fatty degeneration, the oil drops were not enclosed in distinct cells, but appeared to lie in an indistinct and granular, or semi-fibrous substratum. Another point of difference consisted in the absence of sugar in true fatty degeneration; while in the liver of an animal fed on oily food to produce a fatty liver, sugar could be detected. Another point of importance was the limitation of fatty degeneration

to the margin of the lobules; it was not a mere accumulation of oil in the marginal cells, but a destruction of those cells: a liver thus affected presented the lobules marked out by a zone of opaque matter. No satisfactory explanation of this tendency of oil to accumulate in the marginal cells could be offered. Fatty degeneration of the liver might occur in very different diseases; it was by no means peculiar to phthisis. Reference was then made to the waxy liver of Rokitansky, with which the author was not sure that he was acquainted. Cirrhosis was then mentioned, and Rokitansky's description quoted, as also that of Dr. Budd, whose views expressed the opinion ordinarily received, but from which the author in some degree dissented. The author believed that an unhealthy nutritive process was the essence of cirrhosis, and might be developed in one of three situations. 1. In the larger and moderate-sized portal canals, excluding only the smallest. 2. In these last and in the fissures. 3. In the smaller canals and fissures, and in the substance of the lobules. The first form produced common *hobnail* liver; the second and third, the tough, firm, dense liver, sometimes termed brawny. The author considered cirrhosis to represent essentially a degenerative process, and to arise from the effusion of an unhealthy plasma, not only in the canals and fissures, where it induced unnatural increase, but also in the external part of the lobules, where it passed into a solid form, and constituted an unmorpho-granular substance, compressing the capillaries and obstructing the secreting cells. The thickening and condensation of the fibrous tissue in the liver were thus not so much the effect of an inflammatory action, as of a low degenerative process, analogous to that which stiffened the valves of the heart and contracted the orifices; and which view the author thought was supported by the results exhibited in a table appended to the paper. The subject of jaundice next received attention. This was a disease that manifestly resulted from the conveyance into the blood of bile pigment, a constituent of the bile which was essentially excrementitious, and intended to be cast out with the faecal matter. In many cases it existed only as retained excretion; in others it seemed to be formed in excessive quantity, as in the acute yellow atrophy of the liver. Yellow matter was often found in the central cells of the lobules, and, nevertheless, there was no jaundice. It should be borne in mind that the yellow pigment, as it existed in the cells, did not evidence the presence of biliary matter, of cholic acid, or its conjugates. The yellow matter could be extracted by alcohol, and its characteristic reaction obtained by nitric acid, but Pettenkoffer's test decided against the presence of any organic biliary acid. The deep color of the urine in jaundice depended on the presence of bile pigment solely; no trace of cholic acid was discoverable. The author considered the majority of cases of jaundice to depend on the absorption into the blood, not

of completely formed bile, but of one of its constituents only, the yellow pigment: and this might take place in one of three ways: 1, by a mechanical obstruction to the flow of bile into the intestine, through the ductus communis choledochus; 2, from inaction of the elaborating ducts; 3, with or without impairment of the action of the excretory ducts, when an increased quantity of yellow pigment was formed in the parenchyma of the liver.

From the London Lancet.

A Memoir on the Pathology and Treatment of Leucorrhœa, based upon the Microscopical Anatomy of the Os and Cervix Uteri. By W. TYLER SMITH, M.D., Physician-Accoucheur to St. Mary's Hospital.

THE author first directed attention to the minute anatomy of the os and cervix uteri; and here, at the outset, he was desirous of expressing his warmest thanks and obligations to Dr. Arthur Hassall for his valuable assistance in the microscopical part of the investigation, and without which he could not successfully have prosecuted his researches. The mucous membrane of the os and cervix uteri, like the mucous membrane of other parts, consisted of epithelium, primary or basement membrane, and fibrous tissue, blood vessels and nerves. But as there were some special characteristics pertaining to this tissue, he proposed, for the convenience of description, to examine, first, the mucous membrane of the os uteri and external portion of the cervix; and, secondly, the mucous lining of the cervical cavity or canal. The epithelial layer of the former of these situations was tesselated or squamous, and so arranged as to form a membrane of some thickness: by maceration, it could be easily detached, and it was then found closely to resemble the epithelial covering of the vagina, with which it was continuous. Beneath this epithelial layer was the basement membrane, covering numerous villi or papillæ, which studded the whole surface. Each villus contained a looped bloodvessel, which, passing to the end of the villus, returned to its base, and inosculated with other bloodvessels of the contiguous villi. These villi had been mistaken for mucous follicles, usually described as covering the surface of the os uteri; but the microscope failed to discover any distinct follicular structure in this situation. When a thin section of the surface of the os uteri was examined by a low power, the points of the villi could be seen as dark spots through the epithelial layer. A careful examination exhibited these spots as slightly depressed in the centre, yet nevertheless slightly elevated in their margins, nipple-shaped, and containing red points, which were the terminations of the looped bloodvessels. These appearances were produced by the villi being obscured by their epithelial covering. The thick layer of scaly epithelium, and the

villi with their looped vessels, were the principal anatomical features of the mucous membrane of the os and external part of the cervix uteri; and these structures played an important part in the pathological changes which occurred in the lower segment of the uterus in leucorrhœa. Between the margin of the lips of the os uteri and the commencement of the penniform rugæ, within the precincts of the cervical canal, a small tract of smooth surface was usually found, which to the naked eye seemed of more delicate structure than the neighboring parts, and when examined by the microscope was found to be composed of cylinder epithelium, arranged after the manner of the epithelium covering the villi of the intestinal canal. The cylinder epithelium covered in this situation villi two or three times larger than the villi upon the surface of the os uteri—so large, indeed, as to be visible to the naked eye when viewed by transmitted light. Within the cavity of the cervix uteri, the mucous membrane contained four columns of rugæ, or folds, arranged in an oblique, curved or transverse direction; and between these columns were four longitudinal grooves. The two sulci in the median line, anteriorly and posteriorly, were the most distinct; and of these, the sulcus of the posterior columns was the most strongly marked. In the normal state, the transverse rugæ, with the fossæ between them, were filled with viscid, semi-transparent mucus; and when this was brushed away, a reticulated appearance, caused by numerous secondary rugæ, was visible. The author gave a very minute description of these four rugous columns, and the furrows between them, which was illustrated by some very beautiful drawings of the cervical canal, displaying the rugous columns and fossæ of the natural size, and magnified nine and eighteen diameters. The latter power showed a large number of mucous fossæ and follicles, crowding the depressions between the rugæ, and the rugous elevations also. The author mentioned that a healthy virgin cervix, of normal size, contained at least ten thousand mucous follicles. This anatomical arrangement secured a vast extent of superficial surface, which was still further increased by the presence of villi similar to those found in the lower part of the cervix: they were found in considerable numbers on the larger rugæ and other parts of the mucous membrane in this situation. By this disposal of the mucous membrane of the canal of the cervix, a very large extent of glandular surface was obtained for the purposes of secretion. In effect, the cervix was an open gland; and in the opinion of the author, it was in this part of the utero-vaginal tract that the principal seat of leucorrhœa would be found to exist. There was an analogy here which should not be lost sight of, bearing, as it did on the pathology and treatment of leucorrhœa, which was the great similarity which existed between the skin and the mucous membrane of the vagina and the external part of the os and cervix uteri. The resemblance, in these situs,

tions, was certainly much nearer to the cutaneous structure than to the mucous membrane of more internal parts. These analogies were strongly confirmed by what was observed of the pathological conditions to which these parts were liable, and by the effect of therapeutical applications. The author dwelt on the fact that the epithelium of the os uteri and external portion of the cervix was constantly squamous, and that the epithelium immediately within the os uteri was cylindrical but not ciliated, but that in the rugous portion of the cervical canal the cylindrical epithelium became ciliated. The mucus secreted by the glandular portion of the cervix was alkaline, viscid, and transparent; it adhered to the crypts and rugæ, so as to fill the canal of the cervix. It consisted chiefly of mucus corpuscles, oil-globules, and occasionally dentated epithelium, all entangled in a thick, tenacious plasma; it was remarkable for its tenacity; while the mucus found in the lowest part of the canal was thinner in appearance. There was an essential chemical difference between the vaginal mucus and the secretion of the interior of the canal of the cervix; the first was always acid and the latter invariably alkaline. Mr. Whitehead, of Manchester, had noticed this fact, and the observations of the author confirmed his views. The acid of the vaginal secretion was more than sufficient to neutralize the alkaline secretion of the cervix, and when any secretion from the cervical canal entered the vagina it became curdled from the coagulation of its albumen. It was worthy of note, that that part of the mucous membrane of the uterus and vagina which resembled the skin was the only part which, like the skin, furnished an acrid secretion. The vaginal mucus was a simple lubricatory fluid. But the uterine cervical mucus had other uses besides that of lubrication; in the healthy condition, in the intervals of the catamenia, it blocked up the passage from the vagina to the fundus; it thus defended the cavity of the uterus from external agencies, and from its alkaline character afforded a suitable medium for the passage of spermatozoa into the uterus. Having stated his views of the structure of the utero-vaginal mucous membrane, the author expressed his opinion that the glandular portion of the cervix uteri was the chief source of the discharge in leucorrhœa. Leucorrhœa, in its most simple and uncomplicated form, was the result of an increased activity of the glandular portion of the cervix. A follicular organ, which should only take an active condition at certain intervals, became constantly engaged in secretion. Instead of the discharge of the plug of mucus at the catamenial period, an incessant discharge was set up. At first the discharge was but an unusual quantity of the elements of the healthy mucus of the cervix. The quantity increases, and becomes a serious drain to the constitution, and the glandular cervix in some cases becomes so excitable, that any unusual stimulus, even mental emotions, provokes an augmentation. The author next referred to

the conditions under which the epithelium of the os and external part of the cervix uteri and upper portion of the vagina might be partially or entirely removed. The mucous membrane then presented an intensely red color, from the presence of the naked villi, and an appearance of roughness or excoriation presented itself. He thought that among the causes which produced this aspect of ulceration were eruptive disorders, similar to herpes or eczema, which strongly marked the analogy between this tract of mucous surface and the skin. He had observed cases in which an occasional herpetic eruption upon the os uteri always produced herpes praeputialis in the husband. But the most frequent cause of denudation arose from the alkaline mucous discharge of the cervix irritating the acid surface of the os uteri, and causing the rapid shedding of the epithelium round the margin of the os. A microscopical examination was given of the various discharges met with in these affections, in making which the author was assisted by Dr. Handfield Jones and Dr. Hassall. In cervical leucorrhœa the discharges consisted of quantities of mucus-corpuscles, and in severe cases pus-corpuscles and blood-discs, with fatty matter, involved in a transparent plasma. The epithelial debris is constantly present, but in limited quantity. In vaginal leucorrhœa, including the external portions of the os and cervix uteri, the plasma is opaque, and contains myriads of epithelial particles in all stages of development, with pus and blood globules when the villi are affected. When a circumscribed ulcer is visible upon the os uteri to the naked eye, after death, such as occurs in eruptive affections of the os and cervix, and is examined by the microscope, with a low power, it is found to consist of a base from which the villi are entirely removed, or in which only the scattered debris of villi remain; and surrounding this base there is a fringe of enlarged villi, partially or entirely denuded of epithelium. The character of the so-called ulceration of the os uteri was detailed, and the nature of the discharges described. The author then observed that if any division of leucorrhœa were made, two principal forms must be recognized—

I. The *mucous* variety, secreted by the follicular canal of the cervix.

With respect to the so-called ulcerations of the os and cervix, two kinds of morbid change would be observed—

1. *Epithelial abrasion*, by far the most common, in which the epithelium alone was deficient.

2. *Villous abrasion, erosion, or ulceration*, in which the villi are affected by superficial ulceration.

It was to the villi, denuded of epithelium and partly eroded, that the marked forms of granular os uteri were owing. The ovules of Naboth, often referred to by writers as obstructed follicles, the author had found to be in reality an eruptive disease of

the mucous membrane analogous to a cutaneous affection. In these affections of the cervix uteri it frequently happened that the cervix uteri was partially everted, and the deep-red surface covered by vascular villi thus exposed, had frequently been mistaken for breach of continuity in the mucous surface. The author then offered some remarks on the practical deductions which might be drawn from the present investigation. The glandular structure of the parts from whence the leucorrhœal discharge arose pointed to the influence of constitutional causes, and exemplified why this affection should be so common in women of strumous habit and leuco-phlegmatic temperament: it vindicated the importance of constitutional treatment, and directed attention to the more rational employment of topical remedies; and it was evident that the profuse application of caustics, as recommended by the French school of uterine pathology, was both unnecessary and unscientific. He admitted that leucorrhœa of the cervical canal was sometimes cured by the use of caustics to the os uteri, but in these cases they acted as counter-irritants to the glandular structure. The indications of treatment, based on a knowledge of the minute anatomy of the os and cervix uteri, and the study of its pathology in leucorrhœa, appeared to the author to require constitutional medicines and regimen, with local applications. Local measures, to be of any use in cervical leucorrhœa, should be applied, not to the vagina, nor the os uteri, but to the canal of the cervix. In vaginal or epithelial leucorrhœa, common injections were serviceable; but in cervical or mucous leucorrhœa, no benefit could result unless the injection passed into the cervix. He mentioned the methods he adopted to secure this result, and concluded by expressing a hope that the prosecution of these researches might prove serviceable, by rendering a troublesome class of maladies more intelligible than they had hitherto been, and by tending to correct errors of practice, and to indicate the just value of constitutional and topical remedies.

[Dr. Tyler Smith's paper was illustrated by a number of beautiful drawings, which excited great attention among the Fellows, representing the novel points described in the paper, and which were made under the superintendence of Dr. Hassall.]

At the conclusion of Dr. Smith's paper, the President observed that he should be happy to hear any observations upon it from the fellows. After a short pause.

Dr. Locock rose and said that he regretted an appointment obliged him to leave the society immediately, but he could not do so without first offering his thanks, and he was sure he might add the thanks of the whole society, to Dr. Tyler Smith, for his very admirable paper. He could scarcely remember an occasion on which he had listened to a paper with greater interest, or from which he had derived so much instruction. The present communication was, in his opinion, a step in the right direction, and he

felt convinced that researches of this kind would eventually lead to a better understanding and an improved treatment of what was most certainly a very intractable class of disorders. He was glad to learn the author intended to pursue the subject, and he should certainly look forward with great interest to the progress of his further investigations.—(Cheers.)

From the New Orleans Monthly Medical Register.

The Prophylactic Effect of Quinine against Erysipelas. A paper read before the last session of the Louisiana State Medical Society, by A. J. WEDDERBURN, M. D., Professor of Anatomy in University of Louisiana.

THE object of this paper is to direct the attention of the medical profession towards the beneficial results obtained from the use of the sulphate of quinine, not only as a powerful remedy in the treatment of erysipelas, but to its great virtues as a prophylactic against this universal scourge of the surgical wards of the hospitals of our own country and Europe. I will, therefore, first call your attention to a few cases reported some years since in the New Orleans Medical Journal, concerning the use of this remedy in the treatment of ulcers, and other surgical affections; and I will then be enabled to point out how its beneficial results in the treatment of hospital gangrene and erysipelas led to the investigations exhibiting its prophylactic effects.

The following was published in the New Orleans *Medical and Surgical Journal*, January, 1846:

"On taking charge of three surgical wards in the Charity Hospital about the 1st of November last, I found a number of cases of ulcer of an indolent character, some of which had been in the hospital many months without improvement, although the treatment pursued had been varied from time to time, according to the conditions presented by the ulcers.

From the powerful remedial effects, produced by the sulphate of quinine, in the various diseases in which it has been applied so largely of late, by many physicians of the South, and from the recollection of its action in arresting the ulcerative process in a very remarkable manner in an ulcer of the leg from a compound comminuted fracture of the same, in a case occurring in my practice several years since, I was induced to believe good effects might be obtained from its topical application in the above-mentioned ulcers, from a conjecture that the quinine in substance would act as a local stimulant, and by its absorption as a general tonic. I therefore had it applied in twelve or fifteen cases, and found on the next day all, with one or two exceptions, had undergone a change for the better, and that in a few days the surfaces of indolent ulcers had assumed a healthy appearance. I have been

using this remedy in several cases of extensive ulcer of the leg, since I first commenced its use, and in every case the improvement has been rapid, and in no case have I had reason to substitute any other remedy. The following are a few of the most striking cases:

CASE I.—A. K., aged 28 years, entered the hospital on the 31st of August, with a phagedenic ulcer of two and a half months' standing, with caries of the tibia. Before I took charge of the ward a large portion of the bone had exfoliated. When I first saw the case the ulcer extended from the external malleolus to within four inches of the patella, with an extent in breadth of about four inches, and at the upper and middle part, one inch in depth, and half an inch at the lower. The lower part of the ulcer presented several dark spots with sinuous openings, discharging a saious fluid—while the upper portion presented the general characters of an indolent ulcer. The entire surface was ordered to be covered with equal parts of quinine and flour, and in a few days the character of the ulcer was entirely changed, presenting a healthy granulating surface throughout the whole extent, and secreting healthy pus. At the present time it is reduced in length to about five inches, in breadth two, and the greatest depth about a half an inch. Since the commencement of the treatment, nothing has been used but the sulphate of quinine, except on two occasions there appeared to be a too rapid growth of granulations, and the quinine in substance was withheld, and a mixture of tannin grs. ij. and the sulph. quinine grs. v. to the ounce of water, was applied during one or two days.

CASE II.—D. D., aged 35 years, entered the hospital on the 23rd November, with an indolent ulcer immediately above the external malleolus, circular in form, and near three inches in diameter, more than half an inch in depth, and at the posterior part a deep sinus penetrating beneath the tendo Achilles. After using as a topical application to this ulcer, Labaraque's chloride of soda five or six days without the slightest improvement, the sulphate of quinine was resorted to, and the character of the ulcer entirely changed in twenty-four hours. The same treatment has been continued up to the present time: the diameter of the ulcer is much diminished, the granulations are on a level with the surface, and the new skin is forming rapidly.

CASE III.—C. S., aged 28 years, entered the hospital on the 8th December, with a sloughing phagedenic ulcer of the penis, from primary syphilis. About two-thirds of the skin had separated from the dorsum of the penis, exposing the corpora cavernosa. The separation at the under part had not taken place at this time between the living and the dead parts. The discharge was saious, and very offensive. Ordered the parts to be washed with the chloride of soda, and apply an anodyne poultice. Second day, no improvement—ulceration progressing rapidly upon the corona

glandis; discharge continues to be offensive—pain great, with great constitutional disturbance. Ordered the whole penis to be enveloped in the sulphate of quinine and flour in equal parts. Third day—ulcerative process entirely arrested, the whole surface, except the sphacelus on the dorsum, covered with granulations, and the secretions healthy, little or no pain, and no constitutional derangement. The ulcer is now healing rapidly.

CASE IV.—The operation for phymosis by circumcision, was performed on one of the inmates of the hospital about ten days ago. The day after the operation, the penis was in an œdematosus and inflamed condition—the inflammation of the erysipelatous kind; a solution of five grs. of the acetate of lead to the ounce, was continually applied during the day. The next day solutions of tannin and the sulphate of quinine were applied, with good results; on the third day the sulphate of quinine and flour was applied to the cut surface, and continued for several days, until the inflammation had nearly subsided, when an ointment of the acetate of lead was ordered, with a view to favor the healing process. On dressing the ulcer twenty-four hours afterwards, the penis was found again very much enlarged, and highly inflamed, with very great pain. The sulphate of quinine was again applied, in substance to the part, and over this a poultice containing a solution of the sulphate of quinine and tannin. The improvement was so great the next day that the tannin was withheld, and the quinine applied to the surface with a light elm poultice. This treatment has now been continued for three days, and there is every prospect of a rapid recovery."

Several cases of phlegmonous erysipelas; two of the leg, one of the thigh, and two of the fore arm, are mentioned in this report, but amongst these is found a description of one in which the disease was so formidable as to have produced the almost entire destruction of the sub-cutaneous cellular tissue from the ankle to within a short distance of the knee-joint. An opening was made over the spine of the tibia, about two inches in length, from which there was a large discharge of pus. The discharge continuing for several days to be very profuse, a counter opening was made at the back of the leg, and in a few days the injury had been sufficiently repaired to enable him to leave the hospital; at times the constitutional symptoms were very alarming, but yielded readily to large doses of the sulphate of quinine, combined with opium. A solution of quinine about eight grs. to the ounce, was the chief topical treatment resorted to in this case.

In the September number of the Journal, for 1846, we find the following:

" Since the report of the January number of this Journal, concerning the treatment of indolent ulcers in my wards at the Charity Hospital with the sulphate of quinine, I have continued its topical

application, not only to indolent ulcers, but have used it with marked success in other varieties.

"I have noticed the following facts:—that when applied to the surface of an inflamed ulcer, the redness surrounding the part has been subdued in less than twenty-four hours, and the same holds good concerning the pain in an irritable ulcer, whilst almost invariably in the same space of time the surface is made to present an healthy, granulating appearance. When this remedy is applied to a small indolent ulcer, its effect is not so prompt as when applied to a large ulcer of the same variety. Now, this would lead us to suppose that the remedy is absorbed; but from experiments, I have ascertained that the statements made by M. Martin Solon in the *Bulletin de Therapeutique*, and republished in the March number of this Journal, are entirely correct, viz.: that the sulphate of quinine when applied to the surface, is not absorbed; *i. e.*, if its not being detected in the urine is evidence of this fact. I have always been able to detect it when given internally in small quantities; when I have failed at the same time, in testing the urine of those when it had been applied to the surface. In a case of phlegmonous erysipelas of the thigh of a woman in the Charity Hospital, extending over a surface of eight or ten inches in length, and occupying its entire breadth on its external part, with an opening in the centre about an inch in diameter; under the inflamed surface the cellular tissue so completely destroyed, that a probe could be passed freely in any direction. Into this large sinus, an ounce of water holding in solution ten grs. of quinine was placed, three times during the day, making in all 30 grs. The woman was placed in such a position that the escape of the solution was entirely prevented. The next day the pain and redness of the surface had nearly disappeared; and it was clear that the three ounces of the solution (*thirty grs. of quinine*) had permeated the tissues. The urine voided before the administration of this remedy, and that passed during its administration, was tested with all the tests for quinine, and the effects produced upon both were the same, no precipitate being afforded in either case. This case recovered in a very short time, no other remedy having been used during the treatment."

Passing here over a number of cases of ulcer, successfully treated with the sulphate of quinine, I will only mention the following case:

A. R., was admitted into the hospital, with an extensive syphilitic ulcer extending from the upper part of the sacrum to the anus, exposing a large portion of the ligaments covering the sacrum—this case had been under treatment for more than ten days—various applications had been made without the slightest effect, when I determined to resort to the topical application of the sulphate of quinine. I ordered the part to be washed with a solution of tannin

eight grains to the ounce of water, and lint to be constantly applied saturated with a solution of quinine, ten grs. to the ounce. The constitutional symptoms under which she was suffering, with the excessive pain of the part, were much relieved in about twenty-four hours, and in three days the entire surface was covered with healthy granulations. It is now about twenty days since the quinine was first applied—the ulcer has improved daily since its first application, and will be entirely cured in a few days, as the granulations are now even with the surface of the skin.

Before calling your attention particularly to the prophylactic effect of quinine in erysipelas, I desire to make a few remarks concerning its remedial effects, from further and more recent observations in the treatment of ulcers, which are intended to confirm fully the statements already made. It is not my intention to occupy the time of the society by reading a long list of cases which could be given, but will content myself with mentioning that this remedy has not only proved useful in the treatment of such ulcers as have been already recorded, but that in the treatment of ulcers of the cornea I have invariably found it much more prompt in giving relief, than the nitrate of silver—the solution used in these cases is very strong, viz.: twelve grs. of quinine to two drams of water, with twelve or fifteen drops of elixir vitriol. The number for November, 1846, of the New Orleans Medical Journal contains a correspondence between Dr. Fearn and myself, in which he mentions the good results obtained from the topical use of a solution of quinine in the treatment of conjunctivitis and urethritis.

Coming now to the consideration of the prophylactic effect of our remedy, I have simply to state, that from the powerful remedial effects witnessed in its topical application to cut surfaces affected with erysipelas, and from the fact that this form of inflammation almost invariably followed the use of the knife in the wards of the Charity Hospital, I was induced as far back as the winter of 1846-47, to dress, after all operations, with a solution of quinine, hoping, through its agency, to ward off this formidable disease. Since the time mentioned, I have constantly used it immediately after operation, (whenever the disease has been in the hospital,) and in no single instance have I known it occur after the application.

During the winter of 1849-50, there were a much larger number of operations in the hospital than were ever made before in the same space of time, which gave me an ample opportunity of obtaining further evidence concerning the subject in question. One of the most important cases in which this remedy was used, was a case in which I removed the entire half of the lower jaw by disarticulation. After the operation, before bringing the edges of the wound together, and securing them with the twisted suture, the surface was washed with a solution of quinine, containing four grs.

to the ounce of water, and after application of the sutures, lint, saturated with the same solution, was applied to the part and continued during the progress of the case, which resulted in healing by the first intention. This case was in a ward where there were several bad cases of erysipelas, and it was prevailing violently throughout the hospital. I could continue this subject by the recital of a vast number of cases showing clearly the prophylactic effect of quinine, but am not willing to occupy more of your time, and will therefore conclude by requesting those who doubt these facts, to endeavor to confirm their doubts by trying the remedy.

From the Buffalo Medical Journal.

Painful Tubercle; a Report of Two Cases, and the Result of a careful Dissection, by which it is shown not to be a Neuroma, or an Enlargement of the Nervous Tissue, as has been generally believed. By FRANK H. HAMILTON, M. D., one of the Surgeons of the Buffalo Hospital.

I do not remember to have met with more than the two following cases of "painful tubercle," and as the tumor is exceedingly rare, and its pathology does not seem to have been generally understood, I shall claim for its consideration some space.

CASE I.—I. L. D., aged 26; from Fayette, Seneca Co.; in good health. Nine months since, he first discovered a small hard tumor on the back of the left shoulder, immediately under the skin. It was then, and has been ever since, extremely sensitive. Four months since, it was accidentally hit, and the pain was intense. It will not even bear the chafing of his clothes without pain. It never has been inflamed. It is now about the size of a large pea; hard, irregular, of a brownish color, and movable.

I removed it by excision, cutting away the cellular texture freely about it. I could not discover any nerve or other vessel communicating with it, or through it. Its texture was firm and fibrous.

CASE II.—Hannah Duchett, æt. 25 years; healthy. About five years since, she began first to feel a "deep" pain, at a single point, on the fibular side of the calf of the right leg. The pain was then, and has always been since, paroxysmal, occurring at first at intervals of a month or so. The sensation was like electricity, shooting from the point, as a focus, in several directions up and down the leg, but not extending usually farther than four or five inches. Such was the pain, so peculiarly diagnostic of the "painful tubercle."

All this preceded the existence of any tumor, or of any mark by which the spot could be designated; and it was not until a year ago that she first began to perceive a very small, hard tumor, at the point of suffering.

The tumor has now attained the size of a large pea; the skin is

slightly elevated, but not discolored. Upon the centre of the summit of the tumor is a small black spot, of the size of the point of a pin, which looks like the obstructed lacuna of one of the cutaneous follicles. The tumor is hard, and slightly movable. It is exquisitely sensitive; the gentle brush producing a severe pain. The pains are still paroxysmal, but recur almost daily and often many times during a single day.

May 3, 1852. I excised the tumor with a considerable amount of cellular texture around it.

Examination of the Product.—The tumor lay imbedded upon the under surface of the skin, in which it had formed a cup-like depression, but to which it had no attachments except a very loose cellular. The skin over it, was reduced to less than half its usual thickness. The most careful dissection, aided by a glass, on all sides of the tumor, did not disclose the smallest filament of a nerve, or any thing except the same loose cellular texture.

It was covered with three investments, formed, as I have usually found them in non-malignant tumors occurring in cellular textures, only that the number is sometimes greater, viz., *first*, a tunic formed of condensed cellular texture, the result of the gradual encroachment of the tumor upon this texture; *second*, its immediate and proper investment, which was more dense and pearly; *third*, loose flocculi, or delicate cellular structure uniting the two.

The tumor was firm and elastic. When cut it looked to the naked eye semi-cartilaginous, or firm gelatiniform. With the eye glass small white spots were visible, but no fibres. Its color was very white.

Dupuytren, in his oral lectures, first demonstrated that such tumors were not neuromata. The symptoms and pathology are explained by him in a manner so graphic that we need, I think, never be in doubt; yet it will be seen, that very few have observed his distinctions; and it is for this reason that I have thought it proper to give these cases so much in detail, as additional confirmations of the correctness of his opinions.

From the *Gaz. des Hop.*, 1851, No. 127.

On the Cause and Diagnostic Value of Muscæ Volitantes. By M. TAVIGNOT.

M. TAVIGNOT assigns as the cause of this phenomenon, the passage of the luminous rays through a very circumscribed spot of the semi-transparent tissue of the iris, which has become deprived of its pigmentary matter—a fissure in the uvea. This theory explains: 1st. Why the muscæ are placed near the visual axis, but always on one side of it; 2d. It explains the fact of their disappearance in obscure light, and their especial distinctness in a bright one, which induces the contraction of the pupil, and the

enlargement of the aperture in the uvea; 3d. Also their varied form, according to the different action of light upon the eye, and the effect of this upon the size of the fissure; 4th. It explains their appearance after sudden movement of the eyes upwards, which is always accompanied by a contractile oscillation of the iris, as also their diminution or disappearance as the pupil enlarges.

If this theory be sound, the muscæ ought to disappear when the pupil is dilated by belladonna; and M. Tavignot declares that his experiments have convinced him that they do disappear in proportion as artificial mydriasis is thus produced, and that they return again with the returning motions of the iris. It is to be borne in mind that these remarks are referrible only to *essential* muscæ volitantes; M. Tavignot intending to show hereafter, that in the *sympathetic* form (as in glaucoma) an altered condition of the texture of the iris explains the appearance, and adds confirmation to the above view.

Artificial dilatation of the pupil enables us to decide whether we have to do with muscæ volitantes, properly so called, or with the spots known as *scotomata*, which are found in partial opacities of the cornea, and in incipient cataract; for while the muscæ volitantes disappear on the production of the mydriasis, the scotomata persist, and even become more distinct.

From the American Journal of Medical Science.

New Symptom of Pneumonia. By WM. M. BOLING, M. D., of Montgomery, Ala.

I have frequently observed in pneumonia a symptom of which I do not remember to have seen mention made by any other, and which I have never noticed in any other disease. It consists in a deposition on the teeth, just along the margin of the gums, of a matter of different shades of color, from a light orange to a dull vermillion, forming a line about the sixteenth of an inch wide, and of a deeper tint at the gums, and paler as it recedes. Unlike the blue line said to be found in the margin of the gums in lead poisoning, and the line on the same part, of a deeper shade than the rest of the gum, noticed by Dr. Theophilus Thompson in phthisis, and mentioned in the *London Lancet*, for September, 1851. The appearance in question is seated on the teeth; from which, indeed, with care, it may be principally removed by wiping, though, occasionally, a somewhat durable stain remains upon the enamel.

In regard to the manner of its production, I am at a loss for an explanation, though it is probably an exudation from the margin of the gums. At first I thought it might be produced by the deposition of the coloring matter of the expectoration, but I have

seen it in cases in which bloody matter was not expectorated; indeed, in a few cases of latent pneumonia, where there was neither cough nor expectoration; and, in one instance, I was led to suspect the presence of this form of the disease, which I ascertained with certainty by auscultation, by this symptom alone. Perhaps the miasmatic poisoning of the system may, in some way, lead to its development in pneumonia; for it is likely, that, if it were of as frequent occurrence in other localities as in this, it would have been noticed before. Still, I do not remember to have seen it in any of the forms of uncomplicated miasmatic fever.

I have made no note of the proportion of cases in which I have observed it, but I think, at least, in one-third or one-fourth. The cases in which it is present are generally severe, it being very rarely found in mild cases.

Jour. de Chemie Medicale, 1852, No. 3.

On a Special Acid of the Lungs. By MM. DUMAS & VERDEIL.

M. DUMAS recently presented a paper to the Academy, giving an account of his and M. Verdeil's researches on a special acid secreted by the pulmonary parenchyma in most animals; and which may be found free, but is usually combined with a salt of soda. Obtained in the crystalline form, it is a brilliant body, strongly refracting light. It does not lose its water of crystallization at a temperature of 100° Cent.; and when heated still more, it decrepitates, melts, and is decomposed, giving rise to empyreumatic products. Much coal remains, which disappears without leaving any traces of ash. It is soluble in water and boiling alcohol; but not in cold alcohol or ether. Its ultimate analysis exhibits definite proportions of carbon, hydrogen, oxygen, nitrogen, and sulphur. It forms crystallized salts with bases, and expels carbonic acid from the carbonates.

The existence of this substance is of high physiological interest; for the acid thus secreted by the parenchyma comes in contact with the carbonate of soda of the blood transported by the capillaries, and decomposes it, uniting with the soda and setting free the carbonic acid which is exhaled. The presence of a portion of this acid in the free state, in the parenchyma, indicates that it is really here that it is formed, and not in the blood, which is an alkaline fluid. By uniting with the soda of the blood, the acid does not change the re-action of that fluid, since it merely takes the place of the carbonic acid which is expelled during expiration.

EDITORIAL.

Clinical Reports on Continued Fever.

PROFESSOR AUSTIN FLINT, of the University of Buffalo, and editor of the Buffalo *Medical Journal*, is the author of a work of 390 pages, on Continued Fever as observed in Buffalo and North Boston, Erie Co., N. Y. The work embraces three clinical reports—the first, based on an analysis of fifty-two cases—the second, forty-eight cases—and the third, sixty-four cases—giving in all the histories of one hundred and sixty-four cases. The cases were divided into three classes, *typhus*, *typhoid*, and *doubtful*—and after a careful analysis of each division separately, the results are compared with each other and general inferences drawn. The work was written in sections, and published from time to time in the Buffalo *Medical Journal* which fact, we presume, will account for any want of method in arrangement.

A supplement to the reports contains the following:

SUMMARY OF SYMPTOMS DISTINCTIVE OF TYPHOID AND TYPHUS FEVERS.

Age. The maximum, and mean age higher in *typhus* than in *typhoid*.

Nativity. In *typhoid*, patients foreign immigrants from different countries, with a certain proportion of citizens of this country. In *typhus*, foreign immigrants, except when the disease is communicated by contagion, and almost invariably the immigrants recently from Ireland.*

Season. The liability to *typhoid* much greater during the autumnal months; *typhus* equally and even more apt to occur during other portions of the year.

Duration of disease prior to admission into hospital. In a marked degree shorter in *typhus* than in *typhoid*.

Symptoms of access. Diarrhaea present in a certain proportion of cases in *typhoid* during the access, not in *typhus*.

General aspect. Capillary congestion of the face, extending frequently to the extremities, and more or less over the body,

* It will be borne in mind that this summary embraces the conclusions deduced from the facts contained in the previous reports. Were it extended so as to embrace conclusions deduced from facts contained in other analyses, it would not only comprehend additional distinctive symptoms, but some of those which it embraces might require qualification. This note is suggested by what is stated under the head of nativity.

causing a dull red color, present in *all* cases of *typhus*, and in a large proportion of the cases of *typhoid*; but the congestive redness greater in *typhus* than in *typhoid*, and presenting in some cases of the former type a dusky and dingy hue.

NERVOUS SYSTEM. *Passive delirium*, manifested by incoherent talking, muttering, attempting to get out of bed, etc., present more constantly in *typhus*; developed earlier in the progress of the febrile career in *typhus*; but very active, persistent delirium, requiring forcible restraint, characteristic of *typhoid*.

Cephalalgia, oftener present after the fever becomes established, and longer in duration in *typhoid*, (? see second report.)

Vascular injection of conjunctiva oftener present in *typhus*, (? see first report.)

Deafness, present in a proportion of cases larger in *typhus*.

DIGESTIVE SYSTEM. *Appetite*, or relish for food, oftener present in *typhus*, (see second report.)

A reddened tongue, occasionally observed in *typhoid*, and not in *typhus*.

Sordes, present in a large proportion of cases of *typhus*.

Vomiting, more apt to occur in *typhoid*.

Diarrhaea, present in one-half of the cases of *typhoid*, and in one-third of the cases of *typhus*; in the latter type always mild or slight, but in the former sometimes prominent as a symptom.

Hæmorrhage from the bowels, characteristic of *typhoid*.

Tympanites, present in about an equal ratio in both types; but in *typhus* almost invariably slight, while in *typhoid* it is often prominent.

Tenderness on pressure over the abdomen, an almost constant symptom in *typhoid*, and less frequently present in *typhus*. In the latter usually slight, and in the former more apt to be marked, or considerable in degree.

Peritonitis from perforation of intestine, peculiar to *typhoid*.

Eruption. An eruption present in a larger proportion of cases of *typhus*; more abundant in *typhus*, frequently very copious, and extending over the upper extremities, as well as on the trunk; in *typhoid* seldom copious, often only sparingly scattered over abdomen and chest, and not present in the extremities. The characters of the eruption as follows: In *typhoid*, rose-colored, oval, slightly elevated, redness momentarily disappearing on pressure. In *typhus*, of a dull red color, smaller in size, not elevated, redness imperfectly disappearing on pressure. These characters preserved in the two types in the great majority of cases. Occasionally slight variations, and some intermingling of the two kinds of eruption.

RESPIRATORY SYSTEM. *Cough* more uniformly present in *typhus* (?).

Pneumonitis more apt to be developed in *typhus* (?)

Epistaxis extremely rare in *typhus*, occurring frequently in

typhoid. Sputa detached from the posterior nares apt to be tinged with blood in *typhoid*, not in *typhus*.

CIRCULATION. Greater frequency of the pulse in *typhus*, than in *typhoid*. The average frequency in the former exceeding an hundred per minute, in the latter falling below that number. Instances of great increase in frequency occurring oftener in *typhus*.

SKIN, exclusive of eruptions and congestive redness, not presenting symptoms distinctive of either type.

DURATION, longer, before death, or convalescence, in *typhoid*, than in *typhus*, this rule being subject to variations, owing to an unusually short duration of the *typhoid* type at some periods. (See second report.)"

The results of these analyses, while they show a great similarity between the forms of *typhus* and *typhoid*, seem to favor the doctrine of their non-identity.

Treatment. Full doses of opium were administered in several cases with the apparent effect of shortening the course of the disease. Quinine seemed to have no influence whatever. The wet sheet, or "packing," was used in some instances with improvement of symptoms. In cases accompanied with delirium, the author has obtained the best results from the use in small doses of the tartrate of antimony and potassa in connection with anodynes. In regard to the use of cathartics, he has the following judicious remarks :

The question here suggests itself, what are the indications in the management of the disease which pertain to cathartics? Most writers on this subject enjoin the employment of remedies of this class sufficiently to procure one or more dejections daily; and the majority of practitioners, probably, make this an object of treatment. My own observations lead me to hold a different view. The results of the investigations of the histories that I have collected show, *first*, that diarrhoea frequently follows the operation of a cathartic; *second*, that the proportion of cases characterized by diarrhoea is greatest among those in which cathartics were employed; *third*, in one case haemorrhage from the bowels followed the operation of doses of castor oil, occurring only in this connection, and no cathartics being given in that case with these exceptions; and, *fourth*, no appreciable evils resulted from omitting all remedies of this class in a large proportion of the cases, a dejection not occurring, in some instances, for periods varying from three to eight days.

These facts appear, to my mind, to render more than doubtful the propriety of resorting to cathartics in continued fever, save for some special objects.

Looking at the subject rationally, it is to be considered, *first*,

that cathartics are not indicated, more than other remedies, by the mere fact of fever being present. We have no adequate evidence that patients pass through the disease more safely and pleasantly, other things being equal, when cathartics enter into the management, than when they do not. *Second*, it is a principle of general application in therapeutics, not to be lost sight of here, more than in other affections, that remedies of more or less potency, if not indicated, will be likely to prove hurtful. If not efficient for good, they will probably be productive of harm in proportion to their activity. They cannot be expected to be neutral in their consequences. *Third*, it is not difficult to conceive, from the *modus operandi* of cathartic remedies, how they may prove injurious. Their local action on the alimentary canal involves more or less irritation, and this, when the follicular patches are diseased, ulcerated, in the *typhoid* type, (a condition not incompatible with constipation,) cannot but be prejudicial. Under these circumstances the only way in which they can be considered appropriate in their local effects is to suppose that by effecting the discharge of the morbid contents of the intestinal canal, they remove causes of irritation, which, by remaining, would do greater harm than is occasioned by the action of the cathartic. Admitting that the direct effects of the latter are bad, it may be said that it is indirectly useful by causing the discharge of what would occasion effects much worse. This is doubtless the reasoning often adopted; but the premises are assumed, not proved. Indeed, in so far as the facts presented in the preceding reports furnish evidence relating to the matter, it is adverse to the hypothesis just stated. Other reasons which may be assigned, such as 'to correct the secretions,' 'to excite the action of the liver,' etc., are too gratuitously speculative to deserve attention, more particularly so long as the results of experience appear to be adverse to the utility of cathartics.

The remote, or general effects of this class of remedies is to diminish the vital forces, to conduce to prostration. In other words they are debilitating in their tendency, and, hence, it is reasonable to suppose that they may be productive of harm rather than good.

If the bowels do not move spontaneously after several days, even if no evils are apparent, it may be the part of prudence to effect a movement. But for this, so far as my experience goes, active cathartics are not requisite. Remedies distinguished as *laxatives* will suffice, and even these, simple injections will usually render unnecessary. The latter are always to be preferred when practicable or adequate.

The author thinks bleeding rarely indicated, and less frequently in the *typhus* than in the *typhoid* type. Stimulants were used freely in the cases reported, and are recommended—a half an ounce of brandy with an equal quantity of water, repeated as often as

may be necessary to sustain the powers of the system—this was almost the only medication in the third collection of cases. An important item in the treatment, by Dr. Flint, is the systematical administration of food without reference to the appetite or wishes of the patient.

This disease is characterized by debility, and whatever difference of opinion may exist regarding the propriety of alcoholic stimulants, we think there can be none on the question of supplying a nutritious diet. The powers of the system need sustaining, the muscular tissues need nourishing, and the essence of beef which the author gives in connection with milk porridge, is the substance most nearly allied to the suffering structures, as well as most easily assimilated. If to these articles *common salt* be *freely* added, we can conceive of nothing more perfectly adapted to meet the indications in typhus and typhoid fever. These diseases are increasing in frequency in the West; cases of typhoid, especially, are common in the wards of our hospitals, and it seems not improbable that our periodical fevers will, at no distant day, give place to those of a purely continued type; the book of Dr. Flint is, therefore, a timely one.

Our limits do not permit us to accompany the author further, but we cannot close without referring the reader to the chapter on the *transportation* and *diffusion* of typhoid fever. Facts are detailed which go to show that, under some circumstances at least, it may become highly *infectious* if not *contagious*.

The publishers are Geo. H. Derby & Co., Buffalo; Geo. P. Putnam, 10 Park Place, New York; D. B. Cook & Co., (successors to Hewson & Denison,) 135 Lake-st., Chicago.

We have read the work with pleasure, and commend both author and publishers to the favorable consideration of our readers. J.

Graham's Elements of Chemistry.

WE are indebted to Messrs. Blanchard & Lea for part first of a new edition of Graham's Elements of Chemistry just issued. The present is a progressive age, and especially so in the departments of natural science. Every working student helps to create a demand either for new books, or for new editions of those already

existing. The work has been for some time before the public, and has won for the author a deserved reputation. This new edition is a faithful compend of the science up to the present time. We wait anxiously for the second part.

It is for sale by Keen & Brothers, Chicago.

J.

Bartlett on Fevers.

WE have received from the publishers, Blanchard & Lea, Philadelphia, the third edition of Dr. Bartlett's very excellent work on the history, diagnosis and treatment of the fevers of the United States. This book, we presume, is a familiar acquaintance of our readers. In the preface the author says, "Dr. Jenner's researches have enabled me to add largely to the fullness and completeness of the description of typhus fever; and I have availed myself liberally of his facts and arguments in elucidation of the important question of the true relation to each other of the two great forms, or species, of continued fever." The chief value of the book does not consist in its mechanical execution, although this is in the publishers' best style. It will continue to be as it has been, a favorite with the profession. It is for sale by Keen & Brothers, Chicago.

J.

Ranking's Half-Yearly Abstract.

WE have received from Lindsay & Blackiston No. 15, January to June, 1852, of this valuable work, we presume it is in the hands of most of our readers before this time. There is, perhaps no publication, either American or foreign, better calculated to keep the medical man acquainted with the improvements in our science; and few, if any, more widely circulated. For sale by Keen & Brothers, and booksellers generally.

J.

Pereira's Materia Medica and Therapeutics, Third Edition.

THIS edition, the first vol. of which we have received from Messrs. Blanchard & Lea, the enterprising Philadelphia publishers, has been revised and corrected by the author himself. It contains all recent discoveries relating to the subjects treated of in the work,

and is in several respects superior to the previous editions. It needs no commendation at our hands. For sale by Keen & Bros., Chicago.

J.

Cook Co. Medical Society.

TUESDAY evening, Sept. 7, Prof. Davis read a paper on erysipelas, its contagious nature, and its relation to puerperal fever.*

Dr. Brownell remarked, that in the fall of 1843 erysipelas prevailed in the region where he resided. Puerperal peritonitis was at the same time very common. One practitioner lost twelve cases in succession; he was satisfied that he communicated the disease, and retired from practice for a few weeks; on resuming his business, he had no puerperal cases, although it still prevailed in the practice of other physicians. Another physician lost a case of erysipelas,—made a *post mortem* examination,—about two weeks afterwards his own wife was confined, peritonitis supervened, terminating fatally,—the child died with erysipelas—as a general rule children escaped,—the Dr., in the mean time, had attended no cases of erysipelas after the *post mortem* till the time of his wife's confinement. Dr. B. himself was present at the *post mortem*, but took no part in the examination,—had no cases in his own practice of either erysipelas or puerperal fever.

Dr. Morfit thinks the disease non-contagious in the sense to which Prof. Davis restricts the term.

Dr. Cheeny was living at Crown Point, on Lake Champlain, in the fall of 1840, and the winter of '40-'41,—the region along the lake was malarious, while a few miles back in the mountains malarious diseases were unknown. Erysipelas broke out along the lake shore, spreading rapidly and extending to the mountains; in the lower districts it was very malignant, most of the cases terminating fatally; in the mountains, although the disease appeared to be of a higher inflammatory grade, the rate of mortality was much less. All parturient women died,—physicians attending them had at the same time erysipelatous patients,—there were cases in which no medical man was in attendance, the results were equally fatal —thinks there were fewer puerperal cases in the mountains than

* See article I. of the present No.

on the lake shore,—in the two districts the disease required different treatment,—in the highlands bleeding was safe, and in many cases effectual; in the lower regions to bleed was death. All cases of wounds and injuries during this time terminated in erysipelas.

Dr. M'Arthur—In the fall of 1842 lived in Western New York, where malarious diseases had previously prevailed, but gradually diminished in frequency till about 1840, when they were unknown,—in 1842 erysipelas made its appearance, attacking the face, neck, throat, &c., and sometimes spreading over a large portion of the superior part of the body—the surface generally very sensitive,—the attacks were confined to middle aged people—in most instances terminating fatally,—puerperal fever was not common at that time.

Dr. Davis—About the same time lived in Middle and Southern New York,—saw a few mild cases of erysipelas and a *few* puerperal cases, they were not general and not malignant,—thinks the facts elicited in the discussion are interesting—it is upon facts of this nature that the doctrine of the contagiousness of the disease is based,—thinks they only prove that puerperal erysipelas is coincident with the disease in other parts of the system, and not that it is contagious,—the appearance of communication confined to periods when erysipelas prevails and all cases of injury are attacked with it,—sporadic cases do not even seem to communicate it. J.

Medical Meeting.

At a Meeting of the Medical Profession of Macon co., held at the Court House in Decatur, July 17, 1852, pursuant to previous notice; J. E. ROBERTS, M. D., was chosen Chairman, and S. Y. BALDWIN, M. D., Secretary. Whereupon, a committee of three, consisting of Drs. KELLAR, TROWBRIDGE, and BALDWIN, reported the following preamble and constitution which was unanimously adopted:

Whereas, it has been shown by experience that the association of persons engaged in the same pursuit, facilitates the attainment of their common objects, therefore,

ART. 1—Resolved, That it is expedient for the regular practitioners of the profession of medicine of the county of Macon, to

form themselves into an association to be called the Medical Society of Macon county, for the protection of their interests, for the maintainance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness.

ART. 2. That, for the furtherance of the above object, and for the better organization, the officers of such society shall consist of a president, vice-president, secretary, and treasurer, to be chosen by a majority of the members present and to hold their office for the term of one year.

ART. 3. That the president, or in his absence, the vice president, shall preside at all meetings of the society, shall decide all questions of order that may arise, according to parliamentary usage, and in the event of a tie, shall have a casting vote. That the secretary shall keep a faithful minute and record of the proceedings of said society, and shall have the power, by and with the concurrence of the president, to call a special meeting thereof. That the treasurer shall receive all funds paid into said society, and disburse the same according to the wishes of said society, as expressed at any regular meeting and make report thereof at the end of the year.

ART. 4. That any regular practitioner in good standing, may become a member of this society, by subscribing to this constitution, by a vote of two-thirds of the members present at any regular meeting.

ART. 5. The regular meetings of this society shall be held on the first Saturday of every month, for the discussion of such subjects as may be chosen by the society, and for the transaction of such other business as may properly come before the society.

ART. 6. Those members of the profession present at the formation of this society, shall be and are hereby constituted members thereof.

ART. 7. This society shall be governed by the code of medical ethics, adopted by the Illinois State Medical Society.

ART. 8. This constitution may be altered or amended by a vote of two-thirds of the members present, at any regular meeting of the society.

The society as above organized, proceeded to the election of officers. Whereupon JOSEPH KING, M. D., was chosen President,

S. T. TROWBRIDGE, M. D., Vice-President, A. L. KELLAR, M. D., Treasurer, S. Y. BALDWIN, M. D., Secretary.

On motion, the Secretary was instructed to furnish a copy of these proceedings for publication in the *North-Western Medical Journal* and *Shoaff's Family Gazette*.

On motion, the society adjourned to meet the first Saturday in August next, at 2 o'clock P. M.

J. E. ROBERTS, M. D., President.

S. Y. BALDWIN, M. D., Secretary.

*Results of Observations and Investigations made in the U. S. Marine Hospital,
Chicago, during the Quarter, ending July 1, 1852.*

THE U. S. Marine Hospital at Chicago was organized and opened for the reception of patients on the 1st of April. Since that time it has supplied and is still furnishing to the writer, acting as he is in the capacity of surgeon and physician to the institution, an opportunity for investigation and the observation of medical and surgical facts, which will be made the basis of a series of Quarterly Reports for the editorial department of our Journal.

The number of cases admitted during the quarter was less than might have been anticipated at a port of so much commercial importance as Chicago. This resulted, in part, from the fact that at the time of organizing the hospital, and for a month or two after, it was not generally known among sailors and boatmen that such an institution had been opened; and, in part, from the almost entire exemption of all classes from sickness during the months of April, May and June, of this year.

The wards have high ceilings and are well ventilated, and are so separated as to admit of the distribution of patients to any desirable extent.

Adjacent to the wards there are bath rooms, having all the conveniences for furnishing at any time, and as soon as ordered, cold, warm and shower baths. Among the general rules adapted for the treatment of all cases, are the following:—"All patients, on being admitted to the Hospital, are taken at once to the bath room, thoroughly cleansed, supplied with clean underclothes, and then provided with a bed in some ward occupied by patients whose diseases are the same or similar in character.

After this the daily prescription embraces full directions with regard to diet and regimen as well as the administration of medicine.

Having thus given a general view of the treatment adopted in nearly all the cases presented, we will now pass to the consideration of what we believe to be some of the most interesting and important facts observed during the progress and treatment of special diseases.

The following table, showing the nature of the diseases, and the average time under treatment, of the several cases admitted during the quarter, will serve as the basis for our remarks:—

Months	Intermit. & remitt fevers.	Av'ge time under treatment.	Pneumonia.	Av'ge time under treatment.	Rheumatism.	Av'ge time under treatment.	Measles.	Av'ge time under treatment.	Fractures.	Av'ge time under treatment.	Ophthalmia.	Av'ge time under treatment.	See Syphilis.	Av'ge time in 61 treatment.	Phthisis.	Av'ge time under treatment.	Confusion.	Av'ge time under treatment.	All other diseases.	Av'ge time under treatment.	Total
April.	4	7	4	15	1	8													4	18	
May.	7	8	1	40	2	16	2	8	1	15	2	8	1	14	1	44	1	10	16	11	
June.	9	6															2	8	9	11	
Total.	20	7	5	274	3	12	2	8	3	484 ¹	4	13	2	108	2	50	3	9	20	134	64

Intermittent and Remittent Fevers.

We have included under the same head the above-named diseases because we cannot find, either in their symptoms or mode of treatment, sufficient reasons for regarding them as distinct diseases; indeed, so far as our observations extend, it is extremely difficult to determine whether a great majority of the so-called miasmatic diseases of this section of country present more of the symptoms as given in the books of an intermittent or a remittent fever.

The treatment which we have found most efficient in all cases, is the free use of quinine combined with opium or morphine, in proportions varying with the symptoms. When the intermissions are well marked, the quinine alone answers a good purpose. On the contrary, in proportion as the disease assumes the type of a remittent, and especially if the skin, kidneys, liver and other excretory organs are inactive, opium is required in combination, and in doses varying from 2 to 4 grs. with 5 to 8 grs. of quinine, 3 or 4 times daily.

Under this treatment the paroxysms are generally broken up in from 24 to 48 hours, after which the continued use of iron, with

small doses of quinine and diluted nitro-muriat. acid, will, in most cases, restore the patient's health and strength in a week or ten days.

Chloride of sodium was used in several of the above cases to the exclusion of all other active remedies, and always with results which tend to confirm our previously expressed views concerning the remedial properties of this salt.

The use of active cathartics, and especially of mercurials, in this class of fevers, we believe to be not only useless, but absolutely injurious. In fact, it is our conviction, after fifteen years' experience in observing and treating the miasmatic diseases of the West and South, that the depleting and debilitating effects of active cathartics, as used by ignorant practitioners and in quack medicines, are as detrimental, if not more destructive to life and health, than the diseases for the cure of which they have been so indiscriminately administered.

In making these remarks we do not wish to be understood as condemning the use of cathartics. It is not to the proper use, but to the abuse of these, in many instances, most valuable remedial agents, that we object; for it must be admitted by all that nothing can be more marked than the beneficial effects of a cathartic in dislodging often accumulated fecal and other irritating matter from the intestines, or of a gentle laxative in stimulating to action the liver and small excretory glands of the alimentary canal.

In the treatment of the 20 cases of fever under consideration, a combination of rhubarb and carb. of soda was the only laxative used; its action, though not as rigorous, seemed to me even more efficient as a curative means than the strong cathartics, such as calomel and jalap, Cook's pills, &c., which, as an orthodox practitioner, we were bound to use during the time we were taking our initiatory steps in Western practice. The mode of action of this simple combination of rhubarb and soda is explained, to our satisfaction at least, in the article entitled "The Liver and its Diseases," published in the 1st number of the present vol. of this Journal. In confirmation of our views then expressed, we have Dr. Manley's experience, as given in the present number, article II. H.

Muguet.

FROM *Malgaigne's Medico Chirurgical Review* we translate the following notice of an affection called Muguet, a species of

vegetation of the mucous membrane. M. Gubler, after having made some observations on the nature of this affection, says :

" Having been called to make post-mortem examinations of several young subjects who had died while they were affected with Muguet, I have been able to make some investigations in regard to the precise seat of these productions. Without entering into the detail of particular observations, I think I may put forth the following propositions :—

" *First.*—The affection known by the name of Muguet commences by a certain inflammation of the superior part of the alimentary tube.

" *Second.*—This inflammation seems to cause a suppression of the salivary secretion, which is alkaline, and perhaps an exaggeration of the acidity proper to the bucal mucus, which continues to be secreted, and manifests an energetic re-action on the paper of tournesol (sunflower).

" *Third.*—In the presence of this acid condition of the mouth, seconded by a temperature sufficiently elevated, cryptogamic vegetations are not slow in developing themselves on the dorsal surface of the tongue, the palate, the vail of the soft palate and the pharynx itself, upon the internal portion of the cheek which is comprised between the dental arches when the jaws are separated, and upon those parts of the lips which come in contact with the gums or teeth.

" *Fourth.*—It is to be remarked that the parts of the mouth ordinarily preserved are only those which are not directly accessible to the atmospheric air. The influence of this agent in producing those vegetations, *mucedinæ* is so real that I remember only one instance of their being found in the oesophagus, and never in the stomach, where otherwise they would be able to subsist, except in the absence of the gastric juice.

" *Fifth.*—These *mucedinæ* have their origin in the interior of the glands which open upon the surface of the tongue, the lips and other parts of the mouth, as well as in the saburral coating which covers the first of these organs. The epithelial cells and the particles of coagulated casein which constitute this coating as well as the altered mucous of the glands constitute a sort of *humus* well adapted for the development of these false parasites.

"*Sixth.*—These filaments having their roots in the gla cavity, by increasing in length and number they fill up at length cavity, and, escaping from it, continue to spread over the neck of the follicle and meet on all sides, forming a small rounded eminence of milky whiteness! The appearance of the production recalls sufficiently well the form of a grenade.

"*Seventh.*—If the orifice is too small, the linen-like filaments distend the glands beyond measure, and thin their walls till they seem to form sub-epithelial tumors. I have never clearly seen grains of muguet situated between the elevated epithelium and the surface of the mucous erm, although I by no means deny the possibility of this variety of form.

"*Eighth.*—It appears from the preceding that the *mucedinees* of muguet do not attack the living tissues, but that they develope themselves simply in the midst of organic detrius in determinate conditions, and that their appearance is only an epi-phenomenon in the disease."

From the foregoing, it seems that alkaline remedies are indicated to destroy the parasites, and, in addition, medicines to correct the condition of the secretions upon which their existence depends.

J.

Tape Worm.

SINCE the article of Dr. Castleman, in the present No. of the Journal, was in type, our attention has been called to the following notice of a West Indian remedy for the expulsion of this species of parasite :

At one of the late meetings of the Medical Society of Bordeaux, M. Brunet communicated to the society several cases of tape-worm, where he had succeeded in causing the expulsion of the parasite by means of a paste made of pumpkin seeds, stating that he had been told of the remedy by the captain of a ship. Since that period an article published in the *Journal Universel* of 1820, was discovered, where M. Mongeny, a physician of the island of Cuba, says:—"I used to give to patients affected with tænia three ounces of a paste made with fresh pumpkin seeds, and afterwards six ounces of honey, in three doses: the first an hour after the injection of the paste, and the others at the same intervals. Six or seven hours afterwards the tænia was generally expelled, and this remedy has succeeded in cases which had resisted all the means generally employed. The

worm is rejected, not in fragments, but twisted upon itself; and where two parasites had existed, they were wholly and simultaneously voided.*

The action of the pumpkin seeds and honey together seems to be somewhat different from that of the honey alone as observed by Dr. Castleman; the one expelling the parasite whole, the other in pieces.

J.

Medical Schools.

IN addition to our usual exchanges, we have received during the last month a large number of announcements from medical colleges. Some of the Schools, recognizing the principle that the demand for doctors will regulate the supply, and that it is not in their power, by placing a high tariff on medical instruction, to lessen the number of practitioners—have already reduced their lecture fees, so as to meet the pecuniary ability of students. Other colleges have been compelled to adopt a similar course, in order to maintain an existence. From the *Buffalo Medical Journal*, we learn that the Faculty of the Medical Department of the University of Buffalo have reduced their fees, offering as an apology, the course pursued by other institutions with which they are brought into competition. It seems to us that if the action of our Buffalo friends is right, no apology is necessary; if reduction of fees is wrong, it cannot be justified on the ground of competition. For ourselves, we have no interest in the matter, being identified with no medical school; but we like to see consistency.

J.

Committee of the American Medical Association on Epidemics of Illinois, Missouri, Iowa, and Wisconsin.

WE have received the circulars of this Committee, addressed to the physicians of the States enumerated above, requesting detailed accounts of all the epidemics that have prevailed within the last few years under their observation.

As many of our subscribers will not receive these circulars, on account of the great difficulty of securing a list of names by the chairman of the committee, we hope all will furnish the committee with any information they may possess upon the subject; that we

* Vide *London Lancet*, August, 1852, page 149.

may have a full account of the epidemics of these States, in a form that will be acceptable for future reference and study.

Those physicians who furnish accounts from Missouri are requested to send to Dr. Thos. Reyburn, St. Louis; those from Illinois, to Dr. John Evans, Chicago; and those from Iowa and Wisconsin, to Dr. John F. Sandford, Keokuk, Iowa.

The information thus furnished will be duly credited in the body of the report of the committee. Such accounts as are sent in by or before the 1st of March next will be in time. E.

New Treatment for Varix.

In the *Revue Medico Chirurgicale*, M. Durant suggests a new method of treating Varix. It consists in applying to the tumor or varix three successive layers of collodion, the whole covered with a piece of silk, moistened also with collodion. This little apparatus is simple, easily applied, and ought to be removed as often as once in eight or ten days. M. Durant requests the profession to try this agent, in order to determine its value in these affections. J.

Books Received.

WE have received from the publishers, Messrs. Blanchard & Lea, of Philadelphia, "Miller's Principles of Surgery," "Cooper's Lectures on Surgery," "Pirrie's System of Surgery," and "Meig's Obstetrics," all of which will be more fully noticed in the next number of the Journal.

We have also received the "Transactions of the Medical Society of the State of New York, Feb., 1852," "Transactions of the Medical Association of Southern Central New York, June, 1852," "Transactions of the Medical Association of the State of Missouri, April, 1852," and the "Transactions of the Twenty-ninth Annual Meeting of the Medical Society of Virginia, April, 1852."

To our Readers.

WE hope our friends will remember that we are dependent on *them*, in a great measure, for the interest we may be able to give our journal. We can think and write, at least we can *try*, but we cannot promise to *please* every one.

Short, practical articles—facts, such as our readers can use by the bed-side of their patients, will be especially acceptable. J.